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EDITORIAL NOTES**MEDICAL DEFENSE NOTES.**

Each month the JOURNAL will discuss some question relating to the Medical Defense work of the State Society and as these notes of information or discussion may be of the greatest interest to you at any time, you had better look for them. The most important point is, of course, for you to be sure that your dues are always paid up so that at no time are you delinquent; the Society will not defend any suit if the physician defendant was not paid up at the time the alleged malpractice occurred and also at the time when the suit is filed. The importance of paying your dues is of moment to you and not to the Society; the few dollars—the four dollars, to be exact—is a mere drop in the bucket to the Society; but the cost of defending a suit would mean a good many hundred dollars to you. Of course, you may never be sued; and then again, you may be sued to-morrow. And just remember, too, that the State Society Medical Defense is real defense; it is not like insurance where the company will get out of defending a suit if it can by any technicality do so. We took charge of just such a case in San Francisco. The doctor was insured but on a technicality the company refused to defend him. The Society looked out for him, a demurrer was introduced and the case thrown out of court. On January 31st a judgment for \$3,000 was given against a physician in Los Angeles not a member of the Society but who had paid for "insurance" and was, more or less, defended by the insurance company. A couple of months before that another physician in the same place, Los Angeles, also defended by an insurance company, had a judgment against him of \$2,500. Does that sort of "insurance" do you much good?

IMPORTANT SUIT WON

On January 28th a most important suit against a member of the Society, Dr. C. A. Shepard, was begun in Los Angeles and lasted over a period of seven days' trial, resulting in a verdict for Dr. Shepard. The suit was for \$50,000 and it was alleged that he had fraudulently or untruthfully diagnosed a case of tuberculosis when in truth the patient did not have tuberculosis. We all know that it is of the greatest importance to the patient suffering from beginning tuberculosis to have the condition recognized early and long before the sputum is filled with bacilli. Had this most unjust suit been won by the plaintiff a number of similar suits would have been filed against physicians specializing in tuberculosis work and if we may judge by the results when such suits are defended by "insurance" companies, the plaintiff would have secured a verdict. Dr. Shepard writes: "I am proud to belong to a State Society that takes such good care of its members in such blackmail cases. The able defense put up by Mr. H. T. Morrow, the attorney for the Society, and the indefatigable efforts of the Secretary of the Los Angeles County Association, Dr. Geo. H. Kress, with the willing assistance of the members of the Society who left their offices and patients to testify on my behalf is certainly very gratifying." Is it better to keep your dues paid up and get this sort of defense or to let them lapse and depend on the chances of an "insurance" company's defense?

DID NOT UNDERSTAND.

A number of our members seem to have quite misunderstood the suggestion made in the JOURNAL a month or so ago to the effect that the medical defense rules be changed so that suits based on fracture cases would not be defended unless the member had had a consultant at the time he set the fracture, or a good reason for not having had one. Some members thought that was an attempt to get out of defending a good many suits. Not at all; that idea was never dreamed of. The idea back of the suggestion was that it would make it so much easier to win these suits if another physician was present when the patient was treated and could testify to the fact that the fracture had been properly set and dressed. So many suits are coming along that we must do everything that we possibly can to protect ourselves and it was with the idea of making our own protection just so much more secure, that the suggestion was made. There has never been the slightest intimation on the part of any member of the Council, of the Medical Defense Committee, of the Secretary or of our attorneys that we should take advantage of technicalities to get out of defending suits or make any rules that would tend to that. On the contrary, a number of suits have been defended wherein the Society was not absolutely and according to the letter, obliged to undertake the work. But we have felt that it was a moral obligation and that it would be the wish of the members to construe the whole matter most liberally. For instance, we defended a suit against a doctor brought by the father of his patient; the father was violent and

beyond the time at my disposal if I should go exhaustively into all the details of the preparation of the material (selection of culture medium, age and nature of the culture, its further elaboration and dosage). Only let this be emphasized, that the result is only ensured by the careful consideration of all these factors, which were gradually disclosed after years of painstaking work.

"Before I present to you the results in various classes of tuberculosis cases, I beg to express at this time my thanks to the numerous gentlemen who encouraged me through their confidence in my work, and who supported me by sending patients. And above all, through their constant corroborative observations and examinations: Drs. Bier, Hildebrandt, Schleich, Erich Mueller, Heymann, Blaschko, Neisser, Kuester, Gluck, Galewski, Karfunkel, Pulvermacher, Schwenk, Pannwitz, Oppenheim, Hennig, Solms, Nagelschmidt, Saalfeld, Mohr and Dosquet.

"In every method of use—subcutaneous, intramuscular, intravenous, per os, conjunctival, locally applied to exposed tuberculosis areas—the preparation has shown itself to be absolutely harmless, even in large doses. The treatment exists in its intramuscular administration, once, twice, or three times (seldom oftener), at long time intervals. Success or non-success depends upon the complete absorption of the preparation. An infiltration must be formed at the site of injection, in size between that of a nut and a small apple, which in the course of the succeeding weeks or months gradually disappears. So long as the tissue exists and is being gradually absorbed, the healing takes place.

"Only when the injected remedy is completely taken up and remains in the body, do the striking curative effects appear. These regularly appear soon and continue. Under the influence, often of but a single injection, we see bone and fistulae of several years' standing become clean and closing."

The paper closes with a considerable number of case reports covering various tuberculosis infections and demonstration of cases.

DIABETES-MELLITUS.

I am undertaking an exhaustive research into the pathology, etiology and diet-therapy of Diabetes Mellitus. I am very anxious to hear from every physician in the United States who has a case under treatment, or who has had any experience in the treatment of this malady. Von Noorden says "the best treatment for the diabetic is the food containing the greatest amount of starch which the patient can bear without harm." If any physician who reads this has similar or contrary experience and would take the trouble to write me, I would esteem it a special privilege to hear from him, if only a postal card. Kindly address William E. Fitch, M. D., 355 W. 145th street, New York.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-Official Remedies (1912), and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Calcium glycerophosphate is monohydrated normal calcium glycerophosphate $\text{Ca}(\text{CH}_2\text{OH}.\text{CHOH}.\text{CH}_2)_2\text{PO}_4.\text{H}_2\text{O}$, containing 90 per cent. of anhydrous salt. It is a white powder, almost tasteless, slightly soluble in water, easily soluble in dilute acids. Glycerophosphates were introduced as "nerve foods" on the belief that the phosphorus

was in a readily assimilable form. Recent animal experiments indicate that glycerophosphates possess no advantage over inorganic phosphates in phosphorus metabolism. Dose 0.2 to 0.65 Gm. in powders, wafers, capsules or tablets suspended in water or syrup, or dissolved by the addition of sufficient citric acid or diluted hydrochloric acid.

Calcium glycerophosphate, Monsanto, is a non-proprietary article and complies with the tests laid down for calcium glycerophosphate. Monsanto Chemical Works, St. Louis, Mo. (Jour. A. M. A., Jan. 4, 1913, p. 45.)

Slee's Refined and Concentrated Diphtheria Antitoxin is prepared according to Banzhaf's method. Supplied in packages containing 1,000, 2,000, 3,000, 4,000 and 5,000 units, in vials and also in syringes. The Abbott Alkaloidal Co., Chicago, Ill. (Jour. A. M. A., Jan. 4, 1913, p. 45.)

Vacules Cornutul contain cornutul 30 cc. in sealed ampules. The air in the container is removed before sealing whereby, it is claimed, deterioration is retarded. H. K. Mulford Co., Philadelphia, Pa. (Jour. A. M. A., Jan. 4, 1913, p. 45.)

NEW MEMBERS.

Jones, H. W., San Luis Obispo.
Bush, H. C., Colfax, Cal.
Ellis, W. L., Glenn, Cal.
Downing, W. E., Suisun, Cal.
Leachman, R. S., Vallejo, Cal.
Avery, Sam'l. D., Watsonville.
Congdon, W. R., Santa Cruz.
Hall, Geo. P., Sunnyvale, Cal.
Greenwood, Edna M., San Jose.
Loehr, Bert E., San Jose.
Purkitt, Theodora T., Willows, Cal.
Bernard, J. H., Truckee, Cal.
Peck, R. E., Winters, Cal.
Yates, Jno. C., San Diego.
Hensel, E. A., San Diego.
Johnson, Wm. J., National City, Cal.
Pollock, Robt., San Diego.
Burnham, M. P., Los Molinas, Cal.
Whittington, W., Dinuba, Cal.
Helgesen, S., Templeton, Cal.
Clarke, B. F., Paso Robles, Cal.
Randolph, Jno. A., Willows.
Gardner, J. T., Willows.
Lund, Chas. W., Willows.
Lund, Etta S., Willows.
Tremblay, F. X., Willows.
Lawson, Frank M., Willows.
Gatliff, W. W., Butte City.
Yates, H. N., Pacific Grove.
Harbaugh, Dorothy F., Loma Linda, Cal.
George, W. S., Antioch.
Sweetser, G. W., Crockett.
Jones, Jno. T., Grass Valley.

DEATHS.

Borland, Robert, San Francisco.
Potts, John S., San Francisco (Died in Los Angeles).
Arndt, H. R., Cleveland, Ohio (formerly San Francisco).
Schirman, M., San Francisco.
Brown, Eugene E., Martinez.
Hansen, Geo. F. (Petaluma, Cal.), formerly of San Francisco.
Blanev, Chas. H., address unknown.
Watkins, Antoinette Q., address unknown.
Steen, D. B., Los Angeles.
Young, C. C., Los Angeles.
Dogge, O. H., address unknown.
Kierulff, B. F., Los Angeles.